

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

## A For the 2007 calendar year, or tax year beginning 8/1/2007, and ending 7/31/2008

B Check if applicable:

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.	C Name of organization <b>Trevor Project Inc.</b>			D Employer identification number <b>95-4681287</b>	
	Number and street (or P.O. box if mail is not delivered to street address) <b>9056 Santa Monica Boulevard</b>			Room/suite <b>100</b>	E Telephone number <b>310-203-0073</b>
	City or town <b>West Hollywood</b>	State or country <b>CA</b>	ZIP + 4 <b>90069</b>	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►	

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ► [www.thetrevorproject.org](http://www.thetrevorproject.org)J Organization type (check only one) ►  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527K Check here ►  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► **1,643,405**

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates ►

H(c) Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Group Exemption Number ►

M Check ►  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds . . . . .	1a			
	b Direct public support (not included on line 1a) . . . . .	1b	856,597		
	c Indirect public support (not included on line 1a) . . . . .	1c			
	d Government contributions (grants) (not included on line 1a) . . . . .	1d			
	e Total (add lines 1a through 1d) (cash \$ 856,597 noncash \$ . . . . . ).	1e	856,597		
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3 Membership dues and assessments . . . . .	3			
	4 Interest on savings and temporary cash investments . . . . .	4			5,954
	5 Dividends and interest from securities . . . . .	5			
	6 a Gross rents . . . . .	6a			
	b Less: rental expenses . . . . .	6b			
	c Net rental income or (loss). Subtract line 6b from line 6a . . . . .	6c			
	7 Other investment income (describe ► . . . . .)	7			
	8 a Gross amount from sales of assets other than inventory . . . . .	(A) Securities		(B) Other	
	b Less: cost or other basis and sales expenses . . . . .	8a			
	c Gain or (loss) (attach schedule) . . . . .	8b			
	d Net gain or (loss). Combine line 8c, columns (A) and (B) . . . . .	8c			
	9 Special events and activities (attach schedule). If any amount is from gaming, check here ► <input type="checkbox"/>	8d			
	a Gross revenue (not including \$ . . . . . of contributions reported on line 1b) . . . . .	9a	780,854		
	b Less: direct expenses other than fundraising expenses . . . . .	9b	430,800		
	c Net income or (loss) from special events. Subtract line 9b from line 9a . . . . .	9c			350,054
	10 a Gross sales of inventory, less returns and allowances . . . . .	10a			
	b Less: cost of goods sold . . . . .	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a . . . . .	10c			
	11 Other revenue (from Part VII, line 103) . . . . .	11			
	12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 . . . . .	12			1,212,605
Expenses	13 Program services (from line 44, column (B)) . . . . .	13			772,319
	14 Management and general (from line 44, column (C)) . . . . .	14			134,911
	15 Fundraising (from line 44, column (D)) . . . . .	15			338,115
	16 Payments to affiliates (attach schedule) . . . . .	16			
	17 Total expenses. Add lines 16 and 44, column (A) . . . . .	17			1,245,345
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12 . . . . .	18			-32,740
	19 Net assets or fund balances at beginning of year (from line 73, column (A)) . . . . .	19			387,018
	20 Other changes in net assets or fund balances (attach explanation) . . . . .	20			
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 . . . . .	21			354,278

<b>Part II Statement of Functional Expenses</b>		All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)			
<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____)				
	If this amount includes foreign grants, check here ► <input type="checkbox"/>	22a			
22 b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)				
	If this amount includes foreign grants, check here ► <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	124,441	75,206	13,433	35,802
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B				
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26	Salaries and wages of employees not included on lines 25a, b, and c	361,020	218,184	38,970	103,866
27	Pension plan contributions not included on lines 25a, b, and c				
28	Employee benefits not included on lines 25a – 27	84,171	50,139	10,317	23,715
29	Payroll taxes	43,163	26,086	4,659	12,418
30	Professional fundraising fees				
31	Accounting fees	36,564	21,108	4,217	11,239
32	Legal fees	1,475	925		550
33	Supplies	15,366	9,286	1,659	4,421
34	Telephone	41,212	28,847	10,028	2,337
35	Postage and shipping	48,038	25,409	4,007	18,622
36	Occupancy	65,804	47,092	8,156	10,556
37	Equipment rental and maintenance	22,784	13,357	3,691	5,736
38	Printing and publications	55,325	28,893		26,432
39	Travel	72,598	52,752		19,846
40	Conferences, conventions, and meetings				
41	Interest	69		69	
42	Depreciation, depletion, etc. (attach schedule)	31,635	18,115	3,863	9,657
43	Other expenses not covered above (itemize):				
a	Advertising, public relations & visibility	96,495	88,924		7,571
b	Bank charges	21,262		21,238	24
c	IT and online services	17,587	6,684	9,483	1,420
d	Miscellaneous	1,598		428	1,170
e	Outside services	104,738	61,312	693	42,733
f					
g					
44	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	1,245,345	772,319	134,911	338,115

**Joint Costs.** Check ►  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? . . . . ►  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_ ; (ii) the amount allocated to Program services \$ \_\_\_\_\_ ;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_ ; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_ ;

**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

		<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
What is the organization's primary exempt purpose? ► Promote greater acceptance of youth		
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
a	Maintained an around the clock crisis and suicide prevention helpline for gay and questioning youth. This is a free and confidential service using trained counselors, helping tens of thousands of calls each year as well as a website for these youth.	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		772,319
b	----- ----- ----- -----	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
c	----- ----- ----- -----	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
d	----- ----- ----- -----	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
e Other program services (attach schedule)	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . . ► <b>772,319</b>		

**Part IV Balance Sheets (See the instructions.)**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
45	Cash—non-interest-bearing	153,409	45	19,717
46	Savings and temporary cash investments	162,562	46	206,796
47 a	Accounts receivable	47a		
b	Less: allowance for doubtful accounts	47b		47c
48 a	Pledges receivable	48a		
b	Less: allowance for doubtful accounts	48b		48c
49	Grants receivable		50,000	49
50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
51 a	Other notes and loans receivable (attach schedule)	51a		
b	Less: allowance for doubtful accounts	51b		51c
52	Inventories for sale or use			52
53	Prepaid expenses and deferred charges		15,525	53
54 a	Investments—publicly-traded securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
b	Investments—other securities (attach schedule)	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55 a	Investments—land, buildings, and equipment: basis	55a		
b	Less: accumulated depreciation (attach schedule)	55b		55c
56	Investments—other (attach schedule)			56
57 a	Land, buildings, and equipment: basis	57a	168,496	
b	Less: accumulated depreciation (attach schedule)	57b	71,029	
58	Other assets, including program-related investments (describe ► Deposits)		26,791	57c
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58		1,483	58
			409,770	59
				407,964
60	Accounts payable and accrued expenses		22,752	60
61	Grants payable			61
62	Deferred revenue			62
63	Loans from officers, directors, trustees, and key employees (attach schedule)			63
64 a	Tax-exempt bond liabilities (attach schedule)			64a
b	Mortgages and other notes payable (attach schedule)			64b
65	Other liabilities (describe ► )			65
66	<b>Total liabilities</b> . Add lines 60 through 65		22,752	66
				53,686
<b>Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted		292,018	67
68	Temporarily restricted		95,000	68
69	Permanently restricted			69
<b>Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/></b> and complete lines 70 through 74.				
70	Capital stock, trust principal, or current funds			70
71	Paid-in or capital surplus, or land, building, and equipment fund			71
72	Retained earnings, endowment, accumulated income, or other funds			72
73	<b>Total net assets or fund balances</b> . Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		387,018	73
74	<b>Total liabilities and net assets/fund balances</b> . Add lines 66 and 73		409,770	74
				407,964

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)**

a	Total revenue, gains, and other support per audited financial statements . . . . .	a	1,360,652
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments . . . . .	b1	
2	Donated services and use of facilities . . . . .	b2	148,047
3	Recoveries of prior year grants . . . . .	b3	
4	Other (specify): . . . . .	b4	0
	Add lines b1 through b4 . . . . .	b	148,047
c	Subtract line b from line a . . . . .	c	1,212,605
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b . . . . .	d1	
2	Other (specify): . . . . .	d2	0
	Add lines d1 and d2 . . . . .	d	0
e	<b>Total revenue</b> (Part I, line 12). Add lines c and d . . . . . ►	e	1,212,605

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements . . . . .	a	1,393,392
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities . . . . .	b1	148,047
2	Prior year adjustments reported on Part I, line 20 . . . . .	b2	
3	Losses reported on Part I, line 20 . . . . .	b3	
4	Other (specify): . . . . .	b4	0
	Add lines b1 through b4 . . . . .	b	148,047
c	Subtract line b from line a . . . . .	c	1,245,345
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b . . . . .	d1	
2	Other (specify): . . . . .	d2	0
	Add lines d1 and d2 . . . . .	d	0
e	<b>Total expenses</b> (Part I, line 17). Add lines c and d . . . . . ►	e	1,245,345

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name Charles Robbins Str 9056 Santa Monica Blvd. City West Hollywood ST CA ZIP 90069	Title Exec. Director Hr/WK 50/week	124,441	0	0
Name See attached Str City ST ZIP	Title Hr/WK	0	0	0
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
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Name Str City ST ZIP	Title Hr/WK			

**Part V-A** **Current Officers, Directors, Trustees, and Key Employees (continued)**

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings.

- b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s). . . . .
- c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." . . . . .
  - If "Yes," attach a statement that includes the information described in the instructions.
- d Does the organization have a written conflict of interest policy? . . . . .

<b>75b</b>		X
<b>75c</b>		X

**Part V-B** **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

**Part VI**    **Other Information (See the instructions.)**

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change. . . . .

77 Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes.

78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .  
b If "Yes," has it filed a tax return on **Form 990-T** for this year? . . . . .

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement. . . . .

80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . .  
b If "Yes," enter the name of the organization ► . . . . .

\_\_\_\_\_ and check whether it is  exempt or  nonexempt

81 a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a  
b Did the organization file Form 1120-POI for this year?

81a

81b

## Part VI Other Information (continued)

Yes No

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .  
 b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.  
 (See instructions in Part III.) . . . . .

82a	X
83a	X
83b	X
84a	X

83 a Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .  
 b Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions? . . . . .  
 84 a Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .  
 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .  
 85 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? . . . . .  
 b Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .  
 If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.

84b	N/A
85a	N/A
85b	N/A

c Dues, assessments, and similar amounts from members . . . . .  
 d Section 162(e) lobbying and political expenditures . . . . .  
 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .  
 f Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .  
 g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .  
 h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .

85c	N/A
85d	N/A
85e	N/A
85f	N/A
85g	N/A

86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 . . . . .  
 b Gross receipts, included on line 12, for public use of club facilities . . . . .  
 87 501(c)(12) orgs. Enter: a Gross income from members or shareholders . . . . .  
 b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .  
 88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . . .  
 b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI . . . . .  
 89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ► . . . . .  
 b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction . . . . .  
 c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .  
 d Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . . .  
 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .  
 f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? . . . . .  
 g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .

86a	
86b	
87a	
87b	
88a	X
88b	X
89b	X
89e	X
89f	X
89g	N/A

90 a List the states with which a copy of this return is filed ► CA  
 b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) . . . . .

90b 11

91 a The books are in care of ► Name Charles Robbins  
 Located at ► 9056 Santa Monica Boulevard City West Hollywood ST CA  
 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .  
 If "Yes," enter the name of the foreign country ► . . . . .  
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

	Yes	No
91b		X

<b>Part VI Other Information (continued)</b>		<b>Yes</b>	<b>No</b>
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ►		91c	X
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ►		92	N/A

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

	Unrelated business income	Excluded by section 512, 513, or 514		<b>(E)</b> Related or exempt function income
		<b>(A)</b> Business code	<b>(B)</b> Amount	
93 Program service revenue:				
a				
b				
c				
d				
e				
f Medicare/Medicaid payments				
g Fees and contracts from government agencies				
94 Membership dues and assessments				
95 Interest on savings and temporary cash investments		14	5,954	
96 Dividends and interest from securities				
97 Net rental income or (loss) from real estate:				
a debt-financed property				
b not debt-financed property				
98 Net rental income or (loss) from personal property				
99 Other investment income				
100 Gain or (loss) from sales of assets other than inventory				
101 Net income or (loss) from special events		01	350,054	
102 Gross profit or (loss) from sales of inventory				
103 Other revenue: a				
b				
c				
d				
e				
104 Subtotal (add columns (B), (D), and (E))			356,008	
105 Total (add line 104, columns (B), (D), and (E)) ►				356,008

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

<b>Line No.</b>	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	N/A

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

<b>(A)</b> Name, address, and EIN of corporation, partnership, or disregarded entity	<b>(B)</b> Percentage of ownership interest	<b>(C)</b> Nature of activities	<b>(D)</b> Total income	<b>(E)</b> End-of-year assets

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI****Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.			Yes	No
				X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.			Yes	No
				X

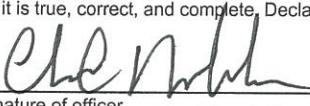
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?			Yes	No
				X

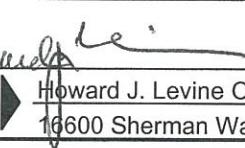
<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer	12/10/08	Date

Signature of officer

Type or print name and title



Charles Robbins Executive Director

<b>Paid Preparer's Use Only</b>	Preparer's signature		Date	Check if self- employed	Preparer's SSN or PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4	Howard J. Levine C.P.A.	12/9/2008	<input checked="" type="checkbox"/>	P00009906 ► 95-3535569

Howard J. Levine C.P.A.

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